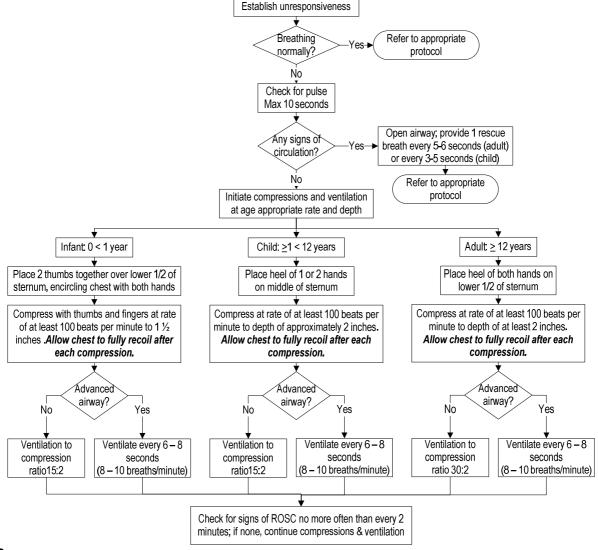
Initial: 12/11/02 Reviewed/revised: 5/16/12 Revision: 4

MILWAUKEE COUNTY EMS PRACTICAL SKILL CARDIOPULMONARY PESUSCITATION

Approved by:	Ronald Pirrallo, MD, MHSA
Page 1 of 1	

	IXL	<u> </u>		
Purpose:	Purpose:		Indications:	
To attempt to establish return of spontaneous circulation and respiration in a patient in cardiorespiratory arrest.			Patient is in cardiorespiratory arrest.	
Advantages:	Disadvantages:	Complications:	Contraindications:	
Provides circulation and respiration during cardiorespiratory arrest	None	Possible chest trauma	Patient has pulse and respiration Patient meets any of the following criteria: valid DNR or POLST order, decapitation, rigor mortis, extreme dependent lividity, tissue decomposition, fire victim with full thickness burns to 90% or greater body surface area, or patient meets hypothermia criteria for withholding resuscitative measures	



NOTES:

- The rescuer performing chest compressions should switch at least every 2 minutes.
- All ventilations should be 1 second in duration.
- When an advanced airway is in place, continue compressions non-stop without pausing for ventilation.
- Chest compressions should be done as follows: push hard and fast, releasing completely.
- The risk and benefit of providing CPR in a moving vehicle must be weighed on a case by case basis.
 - Providing compressions in a moving vehicle exposes the rescuer to potential injury.
 - Chest compressions in a moving vehicle are known to be less effective.

Initial: 10/17/12
Reviewed/revised:
Revision:

MILWAUKEE COUNTY EMS PRACTICAL SKILL

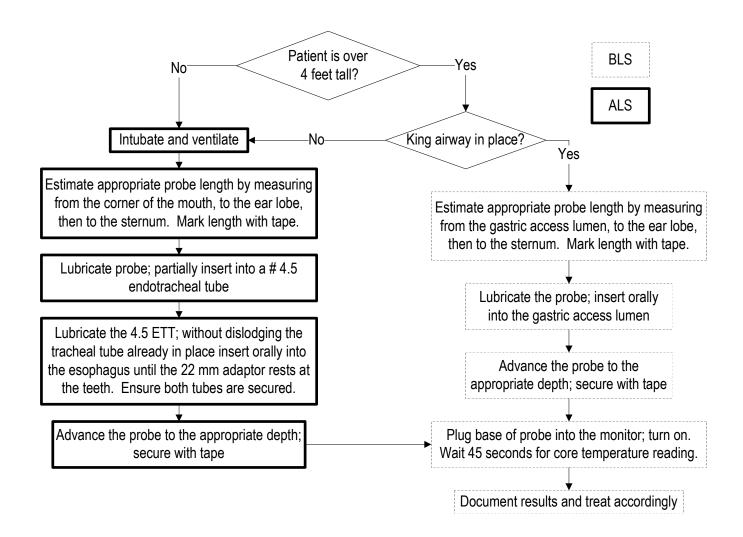
Page 1 of 1

Approved: M. Riccardo Colella, DO, MPH, FACEP

<u>ESOPHOGEAL PROBE PLACEMENT</u> <u>FOR CORE TEMPERATURE MEASUREMENT</u>

Purpose:			Indications:	
To obtain core temperature of suspected hypothermic patient		Cardiac arrest, medical or traumatic		
Advantages:	vantages: Disadvantages: Complications:		ations:	Contraindications:
Minimal training required Rapid insertion	Gag reflex must be absent Patient must be unconscious Does not protect from aspiration		trauma to esophagus	Known esophageal disease or trauma Upper airway trauma or bleeding Intact gag reflex Caustic ingestion

Proper placement of the continuous temperature monitor can only be accomplished if the patient is being successfully ventilated through an endotracheal tube or a King LTS-D, size 3 or larger. The monitor is capable of detecting a temperature range from 63°F to 113°F and can convert from Fahrenheit to Celsius.

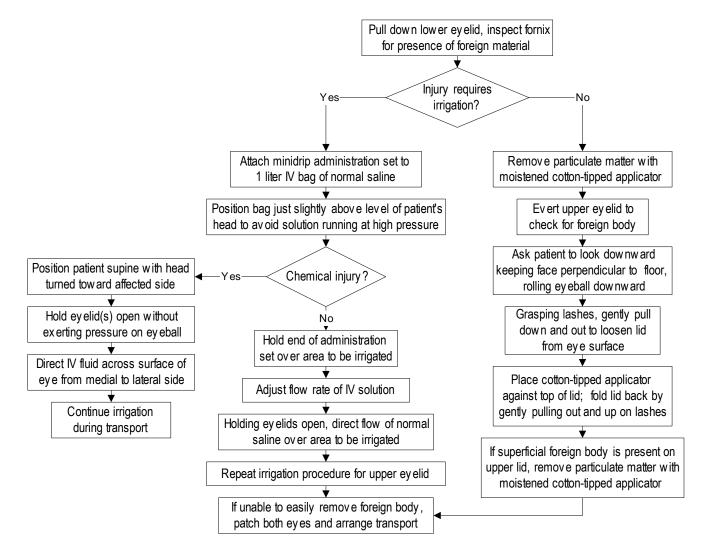


Initial: 9/92 Reviewed/revised: 5/10/00 Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL FOREIGN MATERIAL IN EYE

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications:	
To evaluate and remove foreign body or chemical from the anterior surface of the eye		Patient presents with foreign material on the anterior surface of the eye	
Advantages:	Disadvantages:	Complications: Contraindications	
Decreases discomfort of foreign body in the eye Prevent further injury	May intensify injury if not easily removed	Ocular injury from tip of the irrigating line or from pressure from the fluid stream Vagal stimulation due to ocular pressure	Ruptured globe



NOTES:

• Use at least one liter of normal saline to flush each eye.

Initial: 9/92

Reviewed/revised: 2/23/13

Revision: 2

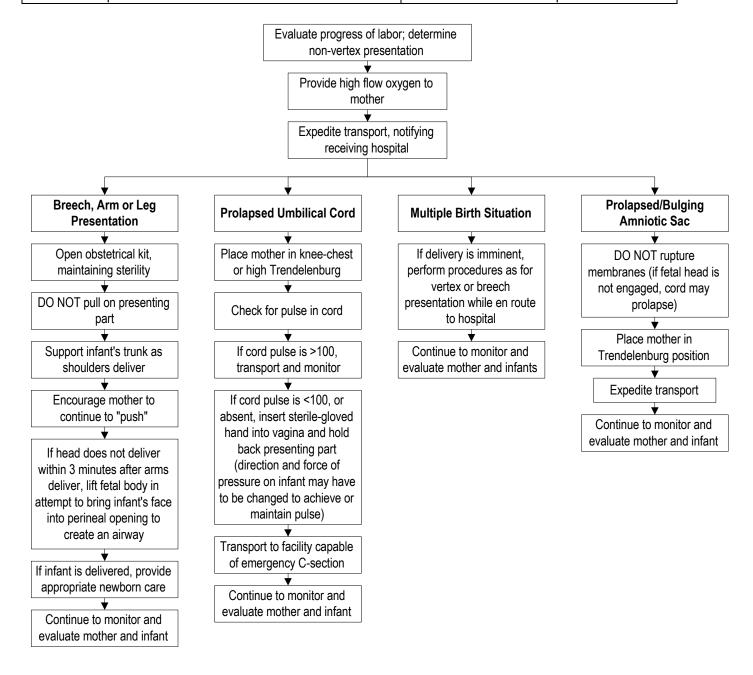
MILWAUKEE COUNTY EMS PRACTICAL SKILL LABOR/DELIVERY

LABOR/DELIVERY
NON-VERTEX PRESENTATION

Approved: M. Riccardo Colella, DO, MPH, FACEP

Page 1 of 1

Purpose:	Indications:
To evaluate and assist a woman in labor as necessary when	Patients in labor with imminent delivery and
the infant's position is not vertex	infant not in the vertex position



NOTES:

• IV lines should only be started when their need is critical and they will not delay transport.

Initial: 9/92

Reviewed/revised: 2/23/13

Revision: 3

MILWAUKEE COUNTY EMS PRACTICAL SKILL LABOR/DELIVERY VERTEX PRESENTATION

Approved by: M. Riccardo Colella, DO, MPH, FACEP
Page 1 of 1

Purpose: Indications:

To monitor and assist in the obstetrical delivery of an infant in the vertex position

Patients in labor with imminent delivery and infant in the vertex position

Examine external perineum for presenting part to determine imminent delivery; if not, begin transport

Begin transport regardless of progress of labor for women whose history and/or physical assessment indicate potential complications (vaginal bleeding, abnormal vital signs, etc.)

Position patient supine with legs flexed, protecting patient's privacy as much as possible

Place absorbent material under patient's buttocks

Begin transport if mother shows signs of: hypertension, hypotension, tachycardia > 120/min, decrease in intensity or frequency of contractions, contractions lasting longer than 70 seconds, vaginal bleeding

Open obstetrical kit, maintaining sterility; start IV; run at keep-open rate unless volume replacement is indicated

Observe color/content of amniotic fluid; anticipate airway problems in newborn if meconium staining is present

Maintain gentle pressure against emerging fetal head to prevent explosive delivery

If cord is looped around infant's neck, attempt to slide cord over body as infant delivers; cutting cord is not recommended until infant is delivered

Gently guide infant's head downward to deliver top shoulder, then upward to deliver bottom shoulder; using a clean towel, maintain secure grip on infant as body is delivered

Complete newborn assessment and care, recording time of birth and sex of infant

Place 2 clamps at least 10 inches from infant's abdomen on cord; cut between clamps, using scalpel in OB kit

Clean infant's face; suction mouth and nose as needed

Dry infant's skin; wrap in warm, dry blankets; cover head, leaving face exposed

Massage maternal abdomen to facilitate contraction of uterus and separation of placenta; do not pull on cord to deliver placenta; when gush of blood indicates separation, instruct mother to "push"

Place placenta in container and bring with mother and infant to hospital

Transport mother and infant together, continuously monitoring both

NOTE:

Acquire APGAR score at one and five minutes after birth

CRITERIA	0 POINTS	1 POINT	2 POINTS
Appearance (color)	Cyanotic	Body pink, extremities cyanotic	Pink
Pulse	Absent	Less than 100/minute	More than 100/minute
Grimace (response to suctioning)	None	Weak	Vigorous
Activity (muscle tone)	Limp	Weak	Vigorous
Respiratory Effort	None	Slow, irregular	Strong, crying

Initial: 9/92
Reviewed/revised: 10/14/09
Revision: 3

MILWAUKEE COUNTY EMS PRACTICAL SKILL NEEDLE THORACOSTOMY

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications	:
To provide an open vent into the pleural space to decompress suspected tension pneumothorax		Patients presenting with suspected tension pneumothorax	
Advantages:	Complications:	priodiriotale	Contraindications:
Decompresses tension pneumothorax	Intercostal artery injury latrogenic pneumothorax if original diagnosis		None if patient meets clinical criteria
Facilitates ventilation	was incorrect		

Locate suprasternal notch, move laterally to midclavicular line and locate second and third rib on side of pneumothorax Remove protective sheath and confirm extratatheter is in place on 14 guage needle Cleanse insertion site with alcohol Insert needle and extracatheter at a 90 degree angle directly over third rib When tip of needle has passed through chest wall and touches third rib, alter the angle and "walk" the needle over third rib, advancing it into the pleural cavity Listen for escape of air to confirm placement of the catheter Withdraw needle and tape extracatheter in place Dispose of contaminated materials in appropriate receptacle

NOTES:

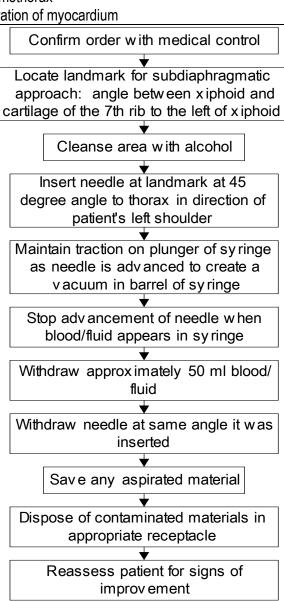
- Signs/symptoms of a tension pneumothorax: restless/agitated; increases resistance to ventilation; jugular vein distention; severe respiratory distress; decreased or absent breath sounds on the affected side; hypotension; cyanosis; tracheal deviation away from the affected side
- Indications that procedure was successful: increase in blood pressure; loss of jugular vein distention; decreased dyspnea; easier to ventilate patient; improved color

Initial: 9/92 Reviewed/revised: 5/21/08 Revision: 2

PRACTICAL SKILL PERICARDIOCENTESIS

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications:	
To remove blood or fluid from the pericardial sac		Pulseless, apneic patients with signs/symptoms of pericardial tamponade	
Advantages:	Complications:		Contraindications:
Removes blood or fluid	Damage to the left anterior descending coronary artery		Any patient with pulses
from the pericardial sac	Pneumothorax		
	Laceration of myocard	lium	



NOTES:

• Signs/symptoms of pericardial tamponade are: hypotension, tachycardia, distended neck veins, narrow pulse pressure, lack of pulses with CPR.

Initial: 9/92 Reviewed/revised: 5/12/04 Revision: 3

MILWAUKEE COUNTY EMS PRACTICAL SKILL PNEUMATIC ANTI-SHOCK GARMENT (PASG) (MAST)

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

	GARMENT (PASG) (I	MASI)		
Purpose:			Indications:	
To increase intra-abdominal/intra-pelvic pressure and peripheral		Suspected abdominal aortic aneurysm		
vascular resistance				vic and/or femur fracture
To provide rigid stabilization for su	spected pelvic and/or lower	ſ		tissue injuries to lower extremities
extremity fractures				•
Advantages:	Disadvantages:	Complicat		Contraindications:
Increased arterial blood pressure	Covers abdomen,		hemorrhage	Absolute Contraindications
Increased venous return to the	pelvis and lower	in areas not covered		Pulmonary edema/CHF
heart	extremities,	by garme		Penetrating thoracic injury
Increased/stabilized cardiac	obscuring visualization	transport	may delay	Thoracic aneurysm or dissection Contraindications to abdominal
output Decrease of hemorrhage under	VISUAIIZALIOIT	liansport		inflation:
the garment				Abdominal evisceration
Stabilization of fractures				Acute abdominal distention
Ctabilization of madiands				Impaled object in abdomen
				3 rd trimester pregnancy
	•	INFLATI	ON	
	U	Infold PASG on	ong board	
	Remov e sharp obje	ects from nationt	s nockets or remov	e clathina
	rtemove snarp obje			o distantig
		Dress any w	ounds	
Not	e and document phy sical assess	ment findings of	any pathology which	ch will be covered by PASC
	Move nation	t onto BASC uti	lizing scoop stretche	or .
	Wove pattern	₩ W W W W W W W W W W W W W W W W W W W	112111g 3000p 3110torik	
	Position patient on PASG with superior edge of suit just below rib cage			
	Beginning at ankles, see	cure v elcro stra	ps to mold suit arou	nd the patient
	Attach inflat	tion pump and o	pen all three valves	
	7 destrimen	# ton pamp and o	por an thoo vary oo	
		Inflate the sui		
	a. The patient's systolic pressu			used for hy potension)
		The velcro str		
Close valves to all compartments				
▼				
Assess and monitor changes in patient's condition				
		DEFLAT	ION	
	Assure IV lines are in p	place and all blo	od/fluid loss has bee	en controlled
	Clos	se valves and r	emove tubing	
Slowly	deflate abdominal portion, 1/3 of	the air at a time,	monitoring vital sig	ns and level of consciousness
	Cloudy deflate and log than the other provides and lovel of conscious and			val of consciousness
	Slowly deflate one leg, then the other monitoring vital signs and level of consciousness			

NOTES:

• Deflation should be stopped anytime the patient's systolic pressure falls more than 5 mmHg or pulse increases by more than 5 beats/minute or there is any change in level of consciousness.

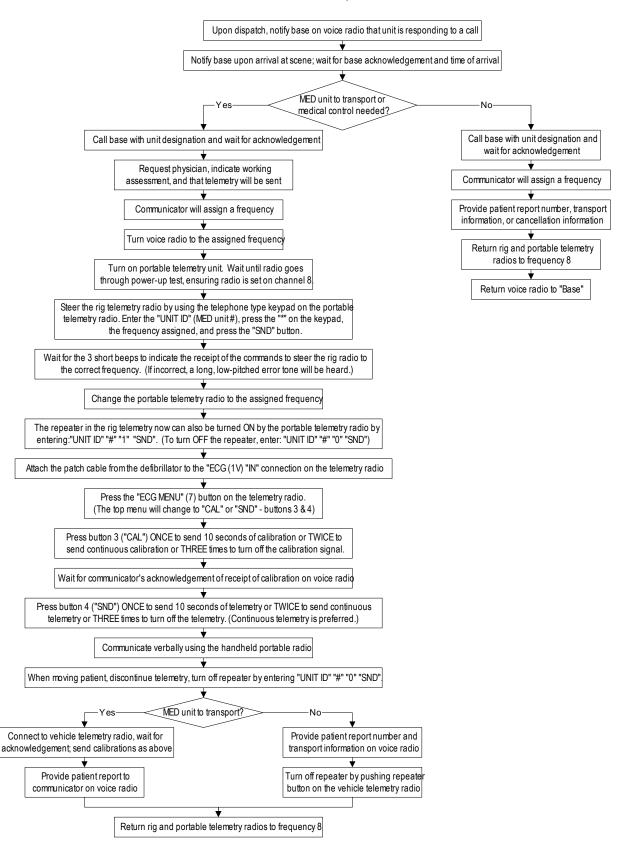
If there is a decrease in blood pressure or increase in pulse, reinflate the PASG and reassess volume status

Initial: 9/92 Reviewed/revised: 9/12/01 Revision: 3

MILWAUKEE COUNTY EMS PRACTICAL SKILL RADIO COMMUNICATION

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose: To establish contact with and communicate information to the paramedic Communications Center.



Initial:	MILWAUKEE COUNTY EMS	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised:	PRACTICAL SKILL	Signature:
Revision:	RADIO REPORT ELEMENTS	Page 1 of 1
	TO BASE/RECEIVING HOSPITAL	

Policy: Paramedics will provide a patient report to the base. The communicator will then forward the patient information to the receiving hospital. Some information collected is needed for all patients; some additional information is more helpful depending on the chief complaint and whether the patient is stable or not.

Necessary information on all patients given in the following order:

- Transporting unit
- Case number
- Receiving hospital
- Age and sex
- Chief complaint
- Most recent set of vitals
 - Complete BP is preferred; palpate if necessary
 - o Pulse
 - Respiratory rate/breath sounds
 - Mental status (AVPU) or GCS if trauma patient
 - o Pupils
- ECG rhythm
- Skin temperature, color, moisture (if applicable)
- IV yes or no; if patient is unstable with no IV, indicate why there is no IV established
- 02
- SPO2, ETCO2
- Working Assessment (protocol followed)
- Pertinent medical history related to patient's present chief complaint (when relevant)
- Treatment/Interventions provided
 - Medications administered
 - Procedures initiated (c-spine precautions, etc.)
- Results of treatment/interventions
- Estimated time of arrival

"Nice to have" information:

- Patient's cardiologist (if patient is having a cardiac event)
- If enrolled in research protocol

Information that can wait until hospital arrival:

- Patient's medications unless patient OD'd on one of them
- Patient's allergies unless it's a medication the patient is likely to receive in the ED

Sample patient report to the base:

Med unit: MED (#) requesting channel for report
Communicator: MED (#) go to frequency # and stand by
When acknowledged, MED unit will provide report as follows:
MED unit: We are en route to (receiving hospital) with ayear-old (male/female) complaining of
Patient has BP of/, pulse of, and respiratory rate of with(breath sounds). Mental status is ECG rhythm is
ALS interventions include (IV, ET, medications, etc.). Procedures performed include (C-spine precautions, O2, etc.).
Results (Patient has/has not improved). ETA is minutes.

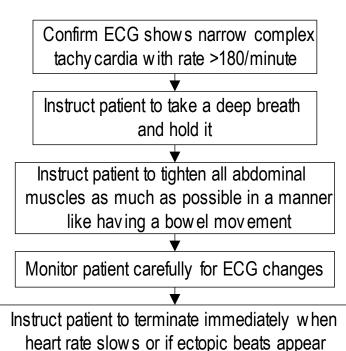
NOTE: This policy is also policy 10-2.4 in MCEMS Communications Manual.

Initial: 5/10/00	
Reviewed/revised:	
Revision:	

MILWAUKEE COUNTY EMS PRACTICAL SKILL VAL SALVA MANEUVER

Approved by:	Ronald Pirrallo, MD, MHSA
Signature:	
Page 1 of 1	

Purpose:		Indications:	
To terminate supraventricular tachyarrhythmia		Supraventricular tachyarrhythmia	
Advantages:	Disadvantages:	Complications:	Contraindications:
Slows the heart to allow for adequate refill time and greater cardiac output	None	Ectopic beats	Patient unable to follow instructions Patient is hemodynamically unstable



NOTES:

- The patient must be monitored during the procedure and the effort terminated immediately when the heart slows or if ectopic beats appear.
- The val salva maneuver is the only sanctioned vagal maneuver within the Milwaukee County EMS system.
- Patient's with unstable supraventricular tachycardias (patients who show signs of compromised cardiac output) should be treated with medication or synchronized cardioversion.